

prior and subsequent to the operation were shown. Three of the patients on whom the operation had been done by the author were exhibited to the society. The author concluded his paper by stating that he trusted he had shown that the operation of excision was not such a fatal operation as it had been represented; and he called attention to the absence of shock or other severe suffering after it; and he wished especially to call to mind that in not one single case was the operation done for deformity alone.—*Med. Times and Gaz.*, Oct. 26, 1867.

46. *Third and Fourth Series of Fifty Cases of Ovariectomy, with Remarks on the Situation and Length of the Incision required in this Operation.* By Mr. T. SPENCER WELLS.—The first and second series of 50 cases of ovariectomy performed by the author having appeared in the 46th and 48th volumes of the *Transactions*, the third and fourth series of 50 cases are now brought before the Royal Medical and Chirurgical Society in the same tabular form, and some general observations on the 200 cases are appended. Increasing experience has been followed by diminishing mortality. Of the first 100 cases, 66 recovered and 34 died; of the second hundred, 72 recovered and 28 died. The mortality in the 200 cases was 31 per cent. *Age*: Below the age of 20, and between 40 and 50, the mortality has been less than between 20 and 40 or above 50. *Conjugal Condition*: The mortality among married women and widows has been 35.23 per cent.; among unmarried women, 26.31 per cent. *Social Condition*: Of the 200 cases, 89 were hospital and 111 private. The mortality has been nearly identical in the two classes—namely, 30.4 and 30.6. *Situation and Length of the Incision*: In 163 cases the excision did not exceed six inches in length. The mortality in these cases was 28.83 per cent. In 37 cases the incision was larger than six inches. Here the mortality was 40.54 per cent. Thus the mortality has been considerably greater in long than in short incisions, but it appears to have been of little consequence if the incision has been six, five, or four inches, or less. In all cases the *linea alba* has been selected as the site for the incision. The author quotes cases where other situations have been selected, and shows by diagrams the structures divided at each situation.—*Med. Times and Gaz.*, Oct. 26, 1867.

OPHTHALMOLOGY.

47. *The form of Amaurosis supposed to be connected with the Use of Tobacco.*—Mr. HUTCHINSON read a paper on this subject before the Royal Medical and Chirurgical Society (June 25th, 1867), in which he presented a statement, in tabular form, of all cases of primary white atrophy of the optic nerves which have come under his care during a period of three years. By the term "primary white atrophy" it is intended to exclude all cases in which there had been at any stage evidence of neuritis. The series includes thirty-seven cases. Thirty-four of the patients were men, and three were women. Of the thirty-four men thirty-one were smokers, and of these in twenty-seven no other cause could easily be conjectured; whilst in four, other causes, such as intemperance, sexual excesses, etc., were quite possible. In three cases the men had either never smoked, or had smoked so little that it seemed impossible that the use of tobacco could have had anything to do with the disease. None of the women (three in number) had been smokers. The tabular statements comprise tolerably full information as to the dietetic habits and state of health of the patients, as to the quantity of tobacco used, as to the premonitory symptoms of the amaurosis, the ophthalmoscopic appearances, and the results of treatment. The facts collected appear to the writer to justify the following conclusions: 1st. That this form of amaurosis is met with in the two sexes in the proportion of one woman to twelve men. 2d. That in the male sex it is very rarely met with excepting amongst smokers, whilst it is very rare indeed amongst children. 3d. That most of its subjects have been heavy smokers (half an ounce to an ounce a day), and that in many instances the patients themselves become aware that

the habit disagreed with them. 4th. That, as a rule, this disease is not met with in special connection with puberty, with celibacy, or with sexual excesses. 5th. That it is not usually associated with any other disease of the nervous system. 6th. That amongst the measures of treatment the prohibition of tobacco seems to rank first in importance. 7th. That the circumstantial evidence tending to connect the disease with the use of tobacco as a cause is of such a nature as to entitle the question to the serious consideration of the Profession. The writer wishes it to be clearly understood that he does not advocate any particular view, and that his wish is simply to draw attention to the clinical facts. He would add further that it is quite clear, supposing that tobacco does sometimes cause the disease, that it does so only in certain constitutions, some peculiar idiosyncrasy being required; and that it is at best only one of the causes by which this form of amaurosis may be produced.—*Med. Times and Gazette*, Sept. 28th, 1867.

48. *Ophthalmic Inflammation after Division of the 5th Nerve*.—Since Snel-len and Büttner's researches we have generally believed that the ophthalmic inflammation which follows division of the 5th nerve is owing to the eye having lost its sensibility, and being therefore no longer able to protect itself against external irritants; for when means were taken to prevent the entrance of foreign bodies into the eye, the inflammation did not result. Meissner (*Henle und Pfeufer's Zeitschrift*, 3te Reihe, xxix. Heft 1, p. 96) has observed that in a rabbit in which he partially divided the ophthalmic branch of the 5th nerve the usual inflammation of the eye resulted, notwithstanding the apparently complete preservation of the sensibility. He is therefore disposed to think that the cut had injured the vasomotor nerves, or more probably the trophic nerves (that is, the nerves which immediately preside over the nutrition of the textures) of the eye. In the succeeding number of the same journal (p. 217), Schiff writes to say, that Meissner's observation entirely supports the explanation of the phenomenon advanced by him in his *Nerven Physiologie*, p. 387, and that he has observed four cases in which, after injury to the 5th nerve inside the skull in animals, the ophthalmic disturbance followed, notwithstanding the preservation of the sensibility of the eye and its appendages.—*Journ. Anat. and Phys.*, Nov. 1867.

49. *Subconjunctival Injection of a Solution of Chloride of Sodium to promote the Absorption of Corneal Opacities*.—Prof. ROTHMUND (*Monats. Bl. f. Augenheilk.*, March and May, 1866) has been employing a subconjunctival injection of a solution of chloride of sodium (a scruple to an ounce of water) to promote the absorption of the diffuse corneal opacities left behind by parenchymatous inflammation. In six cases he believes that he has obtained more speedy results than any other known means would have yielded. The solution is warmed, and is very slowly injected by a syringe with a curved nozzle, through a puncture about a line and a half or two lines from the margin of the cornea. The immediate effect is to surround the cornea with an elevated ring like that of chemosis. Under a compressive bandage, the swelling disappears in five or six hours, and the resulting irritation in five or six days, after which time the cornea begins to clear from the margin. After three or four weeks the injection may be repeated; and after from three to five injections, the formation of an artificial pupil has been practicable.—*R. Lond. Oph. Hosp. Rep.*, Vol. V., No. IV.

MIDWIFERY.

50. *Danger of Administering Narcotics to Pregnant Women*.—In a paper by the late Dr. ADAMS, of Banchory, published in the *Edinburgh Med. Journ.* (Nov. 1867), the administration of opium in full doses to pregnant women is asserted to be highly dangerous to the child. Opium given in cases of threatened abortion almost invariably ends, it is stated, in the expulsion of a dead